Atty. Dkt. No. 28437/105



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Sridharan, et al.

Title:

METHOD OF AND APPARATUS

FOR PERFORMING MODULATION

Appl. No.:

Unknown

Filing Date:

Unknown

Examiner:

Unknown

Art Unit:

Unknown





UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Guruswami M. Sridharan Kartik M. Sridharan

[X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (21 pages).
- [X] Informal drawings (6 sheets, Figures 1-7).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to Ashvattha Semiconductor, Inc..
- [X] Assignment Recordation Cover Sheet.
- [X] Check in the amount of \$40.00 for Assignment recordation.
- [X] Preliminary Amendment.

[X] Version with Markings to Show Changes Made.
[] Information Disclosure Statement.
[] Form PTO-1449 with copies of ___ listed reference(s).
[] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims		Included in		Extra				Fee
	as Filed		Basic Fee	Claims	Rate			Totals	
Basic Fee							\$710.00		\$710.00
Total Claims:	20	~	20	=	0	x	\$18.00	=	\$0.00
Independents:	3	- '	3	_ = .	0	×	\$80.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$270.00							=	\$0.00	
							SUBTOTAL:	=	\$710.00
[X]	Small Entity Fees Apply (subtract ½ of above):							=	\$355.00
TOTAL FILING FEE:								=	\$355.00

- [X] A check in the amount of \$355.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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